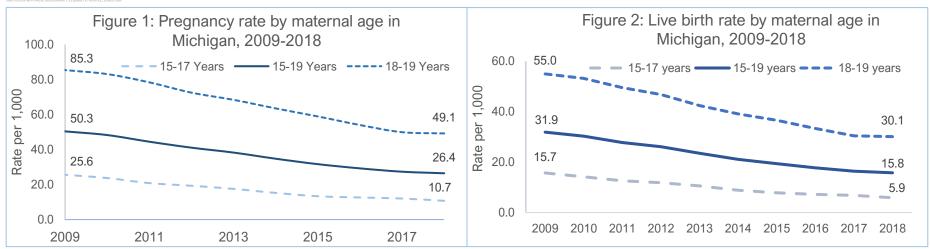


Teen Pregnancy and Live Birth in Michigan: 2018



Michigan continues to see a decline in the rate of teen pregnancies in the previous 10 years (Figure 1), reaching a historic low of 26.4 pregnancies[†] per 1,000 females aged 15-19 years in 2018, a 48 percent decline from 2009. Live births to females aged 15-19 years have likewise declined by 50 percent over this period (Figure 2).

The pregnancy rates among younger teens (15-17 years) and older teens (18-19 years) have also steadily declined. The proportion of teen pregnancies attributable to younger teens has also declined from 30 percent in 2009 to 24 percent in 2018, although this proportion has been stable over the past five years (data not shown).

Despite improvements in the teen birth rate across all race and ethnicity groups, large disparities persist. In 2018, the birth rate among non-Hispanic Black teens was 2.9 times higher than it was for non-Hispanic white teens (Figure 3). Likewise, Hispanic teens had a birth rate 2.1 times that of non-Hispanic white teens.

DISPARITIES IN TEEN CHILDBEARING



There was a 37 percent relative decrease in the percentage of births to people who had previously had a live birth among Hispanic teens from 2017 to 2018 (Figure 4). This is the first time in the past 10 years that Hispanic teens have had a lower repeat birth rate than non-Hispanic white teens.

L Pregnancy rates are based on the sum of live births, induced abortions, and estimated miscarriages as calculated from the model developed by C. Tietz and J. Bongaarts of the Population Council (20% of the live births and 10% of the abortions)

Geography of teen births in Michigan, 2018

Counts

The counties (including the City of Detroit) with the highest number of live births to females aged 15-19 years are also Michigan's most highly populated. Counties with more than 200 total teen births include Detroit (787) and its suburban counties, Wayne (457), Oakland (265), and Macomb (268). Outside of metro Detroit, Kent County (401) and Genesee County (260) each are home to large cities: Grand Rapids and Flint, respectively.

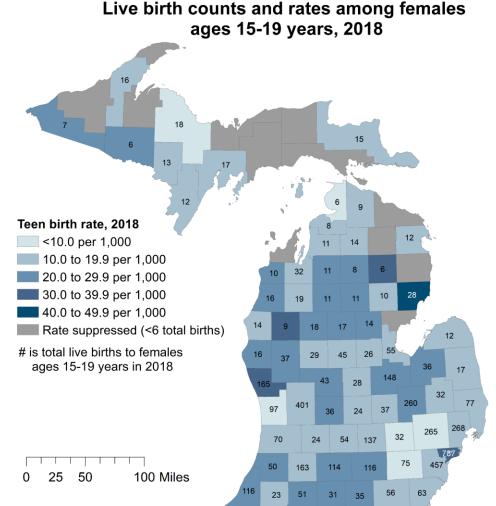
The relatively large numbers of teen births in these counties do not necessarily correlate with a high teen birth rate. For example, Oakland County has third lowest teen birth rate in the state at 7.1 live births per 1,000 females aged 15-19 years. †

Rates

In 2018, counties in Michigan ranged from a low of 4.5 births per 1,000 females aged 15-19 years in Washtenaw County to a high of 49.4 births per 1,000 in the losco County. Despite the relatively low number of teen births overall, the northern Lower Peninsula is home to three of the five Michigan counties with a teen birth rate above 30.0 per 1,000: losco (49.4), Lake (36.6), and Oscoda Counties (34.3).

County-level reporting can mask relatively high birth rates among Michigan's small cities, which had the highest city-level teen birth rates in 2018. In 2018, the five cities with the highest teen birth rates were: Benton Harbor (58.7/1,000), Muskegon (48.7/1,000), Pontiac (41.5/1,000), Saginaw (38.8/1,000), and Port Huron (38.6/1,000), each of which has a total population under 60,000 people.

By contrast, of Michigan's six cities with a population over 100,000, only Detroit is among the 10 highest city-level teen birth rates at 35.9 per 1,000, while the rest range from 1.2 per 1,000 in Ann Arbor to 27.2 per 1,000 in Lansing.



Source: 2018 Michigan Resident Live Births Files, Michigan Department of Health and Human Services

- ‡ Geographies with fewer than six births were excluded due to the unreliability of estimates
- 2009-2018 Michigan Resident Live Birth Files, Division of Vital Records & Health Statistics, Michigan Department of Health and Human Services
- 2009-2018 Files of Induced Abortions Occurring in Michigan, Division of Vital Records & Health Statistics, Michigan Department of Health and Human Services
- Vintage 2018 Bridged-race postcensal population estimates for July 1, 2009 to July 1, 2018.
 National Center for Health Statistics.

The Michigan Department of Health and Human Services will not exclude from participation in, deny benefits of, or discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, gender identification or expression, sexual orientation, partisan considerations, or a disability or genetic information that is unrelated to the person's eligibility.

MDHHS-Pub-1411 (7-21)